infor- state UPA.	STATE OF MARYLAND—(CERTIFICATE OF DEATH 0303	3
bluod blood	and the first	Registration Dist. No. 182	 Ward
S	Langth of rasidence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos	ds.
RD. YSI	(a) Residence: No. 41 must Still, The (Usual place of abode)	d. St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The service of divorced	21. DATE OF DEATH (Month) (Day) (Yes	ir)
RM X cla	HUSBAND of Janie J. Asbury	22. I HEREBY CERTIFY. That I attended deceased from 1926, to your 28, 193	from
IS A PEI stated E properly certificate.	6. DATE OF BIRTH (month, dey, and year) June 12, 1864 7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at	
NK—THIS I should be s it may be p n back of ce	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	mais estationes Date of 19	
INK E sh at it	10. Date deceased last worked at this occupation (month and year)	Othar Contributory Causes of importance:	
DIL So so	12. BIRTHPLACE (city or town) Jacks well Co. Ja., (State or country)	Diahtis mellit 19;	36
sup sup in to See	13. NAME Thomas T. In hitt 14. BIRTHPLACE (city or town) - Ca . (State or country)	Name of operetion Date of What test confirmed diagnosis? Was there an autopsy?	
W We in ant	15. MAIDEN NAME Ool Co Breweter 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	
PLAINLY, hould be car OF DEATH very import	17. INFORMANT Daviel P. Asberry (Address) Francisco De Cartonia De Principal Company Con Principal Control Contro	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
FE SP IS IS	18. BURIAL, CREMATION, OR REMOVAL Place Night Data McL. 30, 1935.	Mannar of Injury	
CAUS	19. UNDERTAKER Newbest Of Farieus (Address) & elta Pa,	24. Was disaase or injury in any way ralated to occupation of decaased?	
: (T	20. FILED Mar 28, 1935 - NE Richardson	(Signad) Vernou S. Julkenser	M. D.

(Day) IFY. That I attended deceased from march 28 1931ch 2 F 1935; death is said V Pm d causes of importance Date of onset ----- Date of--------- Was there an autopsy?-----CE) fill in also the following: ____ Date of injury______ 19_____ city or town, county and State) In HOME, or in PUBLIC PLACE. occupation of decaased? (Addrass) Land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. .

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APIO 9 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	The second second second	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		الـــــــــــــــــــــــــــــــــــــ		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	
County Narford County	Registration Dist. No. 185.
Village or City / Lagre blo Grace	No. Name Ale Grace Hos St. Ward
village of city fraction and city (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurred	ds. How long in U.S. if of foreign blrth?mosds.
2. FULL NAME Charles Frederic	A Bauer.
(a) Residence: No. 418 M. Stoles OX (Usual place of abode)	St., Ward. Naoce Do Hace Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Condenses	21. DATE OF DEATH Novel 23 (Month) (Day) (Year)
5a, If married, widowad, or divorced HUSBANO of	
(or) WIFE of Natherina Bauer	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 12-13-18-5-5	I last saw h Line alive on Thou 23 1995 : death is said
7. AGE Yaars Months Oays If LESS than	to have occurred on the date stated above, at 8.704 m.
70 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Leasura Mustavilla
7. Industry or business in which work was done, as SILK MILL,	The state of the s
SAW MILL, BANK, etc	Veromoenralion
11. Total time (years) this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Navel Me Trace, (State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country) Vermany	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME WAZOW. 16. BIRTHPLACE (city or town) 7.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Lussians.	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (MA) . J. J. J. J.	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	n
Place augel Hellew Oate nel, 2019 35'	Manner of injury
(12) · 1-1	Nature of injury
19. UNOERTAKER CAUTH GROWN (Address) Harris Cauth Caut	24. Was disease or injury in any way related to occupation of deceased?
9	If so, specify
20. FILED Ravel 25, 19 35 & Racle of Saley, In.	(Signed) M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:	N
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	NATA LIWITS " (57)
County Harford,	Registration Dist. No. 185
Village or City Havre de Grace Hosp	itano, St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mystle Bourd	Anthropodo and an analysis of the second
(a) Residence: No. Baurban	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193 (Yésr)
HUSBAND of Cor WIFE of Clinton Bond.	1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Folds 18-1878	I last saw h_l alive on
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
57 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
8 Trade profession or particular	Cilculates of Chest & Date of once
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc 9: Industry or business in which work was done as SILK MILL	axila -
work was done, as SILK MILL, SAW MILL, BANK, etc.	1 A A A A A A A A A A A A A A A A A A A
10. Date deceased last worked at this occupation (month and spent in this	Lisa Dusi Malantes
year) occupation	Other Contributory Causes of importance
2. BIRTHPLACE (city or town) Tare de Grace	
(State or country) Mukyland,	
13. NAME Frank Goffee, 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Muy Cand	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Mary James.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accidant, sulcide, or homicide? Date of Injury19
(State or country) Waryland	Where did injury occur?
7. INFORMANT Clinton Dond, (Address) Have de Grace, rud.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place augel Full Date Mely 23 19 3 J.	Natura of injury
9. UNDERTAKER Stave de Space rud.	24. Was disease or injury in any way related to occupation of deceased? If so, spacify
20. FILED New . 23, 1935 Clarle J Faley Registrar.	(Signed) M. (Address) Affect of the Affect o

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bill San Ay			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infornation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH County Willage or City Ward Langth of residence in cityoy from wifter dash occoprind. Ward War	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	130
Langth of residence in cityey form system death occupred ys	County Harford	Registration Dist. No. 182
Langth of residence in cityery town where death ecceptred. 2. FULL NAME. (a) Residence: No. (b) Residence: No. (c) Usual face of shools? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE (b) SINGLE MARBIED, PHIPOWED, O.D. D, WORKER (with the shools) (c) Will of the shools of divorced (residence) (d) Will of the shools of the		
(a) Residence: No. (Usual/here of shocks) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE D. B. DONNEED - Here Down and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. If married, widowed, or divorced (cr) WHE of (cr) WH		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARBLED, MHOWED OR DR. DAY OR DR. DR. DR. DR. DR. DR. DR. DR. DR. DR	2. FULL NAME Columbia Bull	<u></u>
3. SEX 4. COLOR OR RACE 5. SINGLE, MARBUED, WHO OWED OR DONORGE Come by world (Month) (Day) (Tal) 22. 1 HEREBY CERTLEY, That I stended doceased from 103.5. to 103.5. t		
Sa. II FREE BY CERT LETY, That I stended decessed from the State of Corp. Wife of Corp		MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day,	Male White OR DIVORCED (write by word) 5a. If married, widewed, or divorced	(Month) (Day) (Yaar)
7. AGE Years Months Days If LESS than I day, hrs. or min. B. Treda, profession, or particular kind of work done, as SPINKER, SAWYER, BOOKKEPER, etc. A Industry or business in which work was done, as SILK MILL, SAWMILL, BARK, etc. It substant deceased last worked at this occupation month and 1 9 3 3 II. Total time (years) Spent in this occupation Other Cestributery Causes of importance: West there en autopsys (Age 14. BIRTHPLACE (city or town) State or country) What test confirmed diagnosis? West there en autopsys (Age 15. BIRTHPLACE (eity en town) State or country) What test confirmed diagnosis? West there en autopsys (Age 23. If death wes due to externel couses (VIOL ENCE) fill in also the following: Accidant, sulcide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Autopart of injury. 19. UNDERTAKER (Address) OTHER CASIMALIA Name To have occurrated on the date stated above, at	(or) WIFE of Amale	22. I HEREBY CERTIFY, That I attended daceased from 10 ,1935, to man 4 ,1935
I day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, SWYER, BOUKEPER, set. 9. Industry or business in which set worked at this occupation (month and 1 9 3 2 11. Total tims (years) Secupation (month and 1 9 3 2 11. Total tims (years) Secupation (month and 1 9 3 2 12. BIRTHPLACE (city or town) State or country) 12. BIRTHPLACE (city or town) State or country) 13. NAME 14. BIRTHPLACE (city or town) State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) State or country) 17. INFORMANT State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER STATES		1 last saw ham alive on fll 24 , 1935; death is said
8. Treds, profession, or particular kind of work done as SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL. SAW MILL, BAKY	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca
Solution	2 York and a lower water to	Date of onset
12. BIRTHPLACE (city or town) Compared	9. Industry or business in which	O MORE
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Stete or country) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED Mar. 5-, 19.36 Ur giving Chambless 10. Name of operation Name of operation What test confirmed diegnosis? What test confirmed deeposis? Name of operation Name of operation What test confirmed deeposis? What test con	this occupation (month and 1, 4, 3, 2) spent in this	
What test confirmed diegnosis? West there en au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (eithy entown) (Stete or country) Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa Pl		Offier Contributory Causes of importanca:
What test confirmed diegnosis? West there en au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (eithy entown) (Stete or country) Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa Pl	13. NAME Jacob Bull	
15. MAIDEN NAME 16. BIRTHPLACE (eity extown) 16. BIRTHPLACE (eity extown) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 23. If death wes due to externel couses (VIOLENCE) fill in also the following: Accidant, sulcide, or homicide? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, Mennar of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signad) Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, (Specify city or town, county and State) Nennar of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? (Signad) (Signad) M. D.	14. BIRTHPLACE (city or town) A arford Co. (State or country)	
Where did injury occur? 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa Placa Placa (Address) Pl	15. MAIDEN NAME Elizabeth Louff	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Placa (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED Mar. 5-, 19.36 Control of Chambers Where did Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Mennar of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Mennar of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State)	16. BIRTHPLACE (city or town) Tarky (Stete or country)	
Placa Rock Run Curveta March 6, 1933 19. UNDERTAKER A Bailey (Address) Darling To Singing Chambers 20. FILED Mar. 5-, 19.36 Virginia Chambers (Signad) Willard P. Hudsby M. D.	17. INFORMANT A. Edgward anderson	(Specify city or town, county and State)
20. FILED Mar. 5, 1936 Virginia Chambers (Signad) Willard P. Hudson M. D.	Daniel Direction	
20. FILED 14 WE. J., 19.00 Out your Chamberly	1	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

)	ery item of infor-	NS should state	ent of OCCUPA-	
1	IENT RECORD, EV	TLY. PHYSICIA	ied. Exact statem	
	IIS IS A PERMAN	be stated EXAC	be properly classif	of certificate.
	FADING INK-TI	lied. AGE should	ms, so that it may	structions on back
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	majornshould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	C. UNE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION: very important. See instructions on back of certificate.
	N. BWRITE P.	mationshor	C.(UNE)OF	TIONS Vel

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03036
1. PLACE OF DEATH	210-m
County Kareford	Registration Dist. No. 185
Village or City Havre de Frace -	No. St., Ward
Va Va V	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tabuck Swell 1	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (avrietho word) OR DIVORCED (avrietho word)	21. DATE OF DEATH Larch (Month) (Oay) (Yaar)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attandad daceesad from
1069	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	I lest saw h; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated abova, atm.
alt. 68 Iday,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	from a fractured skull
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	caused by being struck by an
work wes done, as SILK MILL,	automobile at Perryvulle Md.
O to Oate deceased last worked at this occupation (month and year) yaar) occupation (month and occupation occupation occupation occupation occupation	
12. BIRTHPLACE (city or town) Queland — (State or country)	Othar Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) Control of the control of	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? accident Date of injury 3/12, 19.35 Where did injury occur? Perryville, Md.
(Stete or country)	(Specify city or town, county and State)
17. INFORMANT Michael W. Faley. (Address) Planede Grale: 24	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. On public road
18. BURIAL, CREMATION, OR REMOVAL Place M. S. Erren Cerroate Zucle: 16, 19. 35.	Manner of injury Struck by automobile Natura of injury Practiced Shull
19. UNDERTAKER Legrenzeigloggson.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO March 15, 1935 Charles J. Toly, D. Registrar.	(Signed) Soleph Hamburger Octing Growing (Advess) Waned Sites md,
If more blanks are needed address State Registrar	Ocean N. Charles Street Belginson Democrate 91 S. No.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	- 8
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Billia Pata V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
st: UP	1. PLACE OF DEATH	Real
ould stat	County Darford	Registration Dist. No.
should of OCC	Village or City Sand Trace	No Have de Trace Hospelle St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. If of foreign birth?yrsmosds.
PHYSICIANS ict statement	2. FULL NAME Lace Burton (a) Residence: No. 4 Bost Grad abole) (Usual place of abode)	St, Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH (Month) (Oey) (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Walter Durton	22. Sec. 21 HEREBY CERTIFY, That I attended deceased from
,	6. DATE OF BIRTH (month, day, and year) Ging 3-1870	I last saw been allve on 31, 1933; death is said
stated E properly certificate	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. ' The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be st be pr of cer	8. Trade, profession, or perticular kind of work done, as SPINNER, Arnsewife SAWYER, BOOKKEPER, etc.	Date of onset
	9. Industry or business in which work was done, as SILK MILL,	Frantis Claimilles
a it is	SAW MILL, BANK, etc. 10. Date deceased last worked at Curg, this occupation (month and page 11. Total time (years) 3 lands 12.	Des postation ,
AGE that ons o	year) 1932 occupation 5%	Other Contributory Canses of importance
so	12. BIRTHPLACE (city or town) 14. Kg. State or country)	Jachen Cervilar Ullulian
instru	13. NAME John Deverand	(, Market V. Corrections
2	14. BIRTHPLAGE (city or town)	Name of operation
·= 00	(Coste of Country)	What test confirmed diagnosis? Was there an autopsy? 24
in an	15. MAIDEN NAME Bridgett- Whore	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (California) Date of Injury 17/26, 19-34
vTTH por	16. BIRTHPLACE (city or town) New York	Where did injury occur? Janua - akudeu Md.
	17. INFORMANT M. Walter Burton (Address) Charles mit	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Lacke
USE ON is	Place II . Francis Contra Oate Light 3 ., 1930	Nature of Injury towards there has
TION	19. UNDERTAKER Almry January Story. (Address) Jahraham Mos	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
(7)	20. FILEDa freil 2, 1935 Charles J. Foly To D. Registrat.	(Signed) (Address) Access Ask (Address)
0		2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	HYSICIAN
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V.S. NO. I	N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	(mation should be carefully supplied. AGE should be stated E.	SE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.	
	ż	(I)	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	020
1. PLACE OF DEATH	MI-B)	000
County Larford	Registration Dist. No. 187	/ .
	No. St., death occurred in a hospital or institution, give its NAME instead of street and r	
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foraign birth?yrsme	osds.
2. FULL NAME COY Chefc		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 18 (Month) (Day)	, 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY. That I attended May 15, 1935, to man 18	deceasad from
6. DATE OF BIRTH (month, day, and year) Man 15, 1935	masie	: death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at	
8 Trade profession or particular	ware as follows:	Data of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	amelice	mar16
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		1.2.35
O 10 Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) and Lark Co- (Stata or country)	Other Contributory Causes of importance:	-
13. NAME Jonnes Cheeb.		
13. NAME Some Cheek 14. BIRTHPLACE (city or town) 7. C. 4 (Stata or country)	Name of operation Data of What tast confirmed diagnosis? Was there an a	5
I 15. MAIDEN NAME R. II CO AUDE	What tast confirmed diagnosis?	
15. MAIDEN NAME Ruth Vouse 16. BIRTHPLACE (city or town) Va (State or country)	Accidant, suicida, or homicide? Date of injury	
17. INFORMANT Lossue Check (Address)	Where did injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
Place Essansus on Date ,1935	Nature of injury	
19. UNDERTAKER Tather Lawrey Church (Address) Bel Gur	24. Was diseese or injury in eny way ralated to occupation of deceased?	ro
20. FILED Mar 14, 1935 M. E. Richards ono. Registrar.	(Signed) William R. Auds (Addrass) Forest Miller)	me M.D.
If more blanks are needed, address State Registrar	2477 N. Charles Street Raleimore Pequettens T.) S. No. 7	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WITT PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-GAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

County Started St., Was a sense of certain of the courted in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death-occurred 14 yrs. 1 mos. 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreign birth? 1 ds. How long in U.S. if of foreig
Village or City Same de Gruce. No. St., Wal (If death occurred in a hospital or institution, give its NAME instead of street and number)
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death-epcurred Xrs
9 4 # #
2. FULL NAME Darie I orolly thurseline,
(a) Residence: No. (Usual place of abode) St., Ward. (Usual place of abode) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
Jewale white Single (Worth) Mich 19 , 1933 (Month) (Day) (Year)
5a. If married, widowed or divorced
HUSBAND of (or) WIFE of
S DATE OF DIPTH (month day and year) + 1 1/5 - 1921. I last saw h was alive on Misch 29 19 35 death is sa
6. DATE OF BIRTH (month, day, and year) 1 last saw h alive on 200 1, 19 32; death is say h alive on 200 1, 1
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
- 8. Trade, profession, or particular Date of ons
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
S. Hade, profession, of particular to the profession of the profes
SAW MILL, BANK, etc.
O 10 Date deceased last worked at 511. Total time (years) 52 spent in this 62 occupation year) 62 occupation 62 occupation 63 occupation 63 occupation 64 occupation 65 oc
Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)
The second of th
14. BIRTHPLACE (city or town) Name of operation Name of operation Name of operation What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there are autopsy. Was there are autopsy
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In also the following: 16. BIRTHPLACE (city or town)
- (State of County) / Where did injury occur?
(Specify city or town, county and State) 17. INFORMANT Muss. Horace D. Flure Image Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Huve de Imerud.
18. BURIAL, GREMATION, OR REMOVAD geeillo. Manner of injury
Place Costs Date U.S. 19.00. Nature of injury
19. UNDERTAKER Declining tanks . 24. Was disease or Injury in any way related to occupation of deceased?
(Address) Live ag Grace. Nut If so, specify 4
20. FILEOLES. V 1935 Clarles J. Haley M.D. (Signed)
Registrar. (Address) Affig. Th. Huss. Wall. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUV S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	URTHER STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97)
County Darfard	Registration Dist. No. 18 /
Village or City O aldino	No. St., Ward
Length of residence in city or town where death occurred 35 yrs.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Marn S. Cook	4 \
(a) Residence: No.	St Ward.
(Usual place of abode)	1f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced.	21. DATE OF DEATH March 27, 193 5 (Month) (Dey) (Year)
(or) WIFE of C. Cooper	JUNEARY 9, 19, 35, to Worch 15, 1935
6. DATE OF BIRTH (month, day, and year) (Mg), 17/838	I last saw h QV alive on Wareh 25, 1935; death Is said
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, and the PRINCIPAL CAUSE OF DEATH and releted causes of Importance
S Trade profession or activity	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	la Antonia Manaia 1020
9. Industry or business In which	17.00
SAW MILL, BANK, etc	
this occupation (month and 92 4 spent in this occupation spent in the spent in this occupation spent in this occupation spent in the spent in	
12. BIRTHPLACE (city or town) Afarfard Co., (Stete or country)	Other Contributory Canses of Importance:
13. NAME JM. E. Glewen	
14. BIRTHPLACE (city or town) A wifer of Co.	Name of operation Oate of
(State of County)	Whet test confirmed diagnosis? Was there an aulopsy?
16. BIRTHPLACE (city or town)	23. If deeth wes due to external ceuses (VIOL ENCE) fill In also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) aburden Md. R.D.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Weslyan Chase Date May 29,1935	Manner of Injury
Place Westifan Wall Date 1 DV J 1, 1935	Nature of Injury
19. UNDERTAKER (1) Daily (Address) Darlington, Md.	24. Wes disease or injury in any way related to occupetion of deceased?
20. FILED Man 28, 1935 Benta B. Knight Registrar.	(Signed) M.D. M.D. (Address) Port Aclass L. M.B.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II	A-12
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

AGE should be

USE OF DEATH in plain terms, so that it may be

on should be carefully supplied.

RITE PLAMLY,

properly classified.

certificate.

See instructions on back of

TION is very important.

of OCCUPA-

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 0.3041
1. PLACE OF DEATH	
11 /	(81-01)
County Harfurd	Registration Dist. No. / D
Village or City Ofwertwelle	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 34 yrsmos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Mary & Cresmer	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH Man of
Temple What OR DIVORCED (write the word)	(Month) (Qay) (Yeer)
5e. If married, widowed, or divorced	(Month) (Oay) (Yeer)
(OI) WIFE OF William Cresmer	22. HEREBY CERTIFY. That i attended deceased from March 5 1935 to March 1935
6. DATE OF BIRTH (month, day, and year) March 15 1860	I last saw held alive on March 6, 1925; death is said
7. AGE Years Months Oeys If LESS than	to have occurred on the date stated above, at 6,000 m.
75- b 5 I day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Garalyses Oate of one et
SAWYER, BOOKKEEPER, etc.	
S. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Cerebral & remarkage
Oate deceased lest worked et this occupation (month and spent in this	
year) occupation	Other Control Course of Investment
12. BIRTHPLACE (city or town) Sarford Co	Other Contributory Canara of importance:
(State or country)	
14. BIRTHPLACE (bits or town) Marchael Car	
14. BIRTHPLACE (city or town) Marford Car	Name of operation Oete of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIOEN NAME 15. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town). Auffard Cr.	Accident, sulcide, or homicide?, Date of injury, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Miss. Many & Cusmic (Address) abordien R. F.	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sunchwille Gen pate Mar. J., 1936	Neture of injury
19 UNDERTAKER Sterry Tarring Isms	24. Wes disease or Injury in any way related to occupation of deceased?
(Address) / Charles mal.	If so, specify
20, FILED lich 9 135 Colffichioe	(Signed) M. O)
Registrar.)	(Address) Ullude half

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	il i	Example II	,	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE O			-CERTIFICATE OF DEATH	13042
	Narfor		G.	85
Village or	, / /	hoo offered	No. St.	War
			If death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of res	sidence in city or town where	deeth occurredyrsm	ds. How long In U.S. if of foreign birth?yrs.	mosd
2. FULL NA	ME Clus	camed Dal	y Mangufuld	
(a) Reside	nce: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSOI	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
3. SEX Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev)	193 5 (Year)
5a. If merried, wido HUSBAND of (or) WIFE of	wad, or divorcad		77. I HEREBY CERTIFY, Thet I etter	(1001)
		d / 1 1025	minima (1920) to Minima	Z 1905 C
	(month, day, and year)	Nauch 4 1935	to have occurred on the date stated above, at	; deeth is se
Nico:	here -	1 dey,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
8. Trede, profe	ession, or perticuler	ormin.	were es follows:	Oate of ons
≥ SAWYEI	work done, as SPINNER, R, BDOKKEEPER, etc		4000	
. Industry or work w	business in which as done, as SILK MILL, LL, BANK, atc		Still / Som	
U 10. Data decee	sed lest worked at	11. Total time (years)		
	upation (month end	spent in this occupation,		
12. BIRTHPLACE (c	ity or town) Chris	transcura varie de	Other Contributory Causes of importance:	
(State or con	intry)	ginia I'ml.		
13. NAME 7	Tex Dai	gerfeld		
4. BIRTHPLAC	E (city or town) & Kries	hanburg	Name of operation Dete	of
r (Stete o	r country)	Julia (LD:1	What test confirmed diegnosis? Was there	an autopsy?
15. MAIDEN N	AME Juan	ula Utute	23. If death was due to external causes (VIOLENCE) fill in elso the folio	owing:
16. BIRTHPLAC	E (city of then)	irginia	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT	lex Dans	respected	Where did injury occur? (Specify city or town, county and Specify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) C PLACE.
(Address) 18. BURIAL, CREMA	TION, OR REMOVAL	SQ. H. a. Wrone	Manageria	
Place &	. 4 1/-4	Date March 5, 135	Manner of injury	
19. UNDERTAKER	Juningle	m Y Son	24. Wes diseesa or injury in eny way related to occupation of deceased	
(Address)	port de Mas	a find,	If so, specify (Signed) (Signed)	· · · · · · · · · · · · · · · · · · ·
20. FILED/LAIC	NO 180 Char	les Jaley, 9, 2.	(Address) Handy In	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03043
1. PLACE OF DEATH	9:0
County Darford	Registration Dist. No. 154
Village or City Cartleton	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Starry Or Elle-	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (auxilie the word)	21. DATE OF DEATH Month) (Nonth) (Vear)
5e. If married, widowed, or diversed HUSBAND of (er) WHPE of Married, C. Eln	22. I HEREBY CERTIFY, Thet I attended decessed from Mar 1 1935 to Mar 79 1935
6. DATE OF BIRTH (month, day, and yeer) PCT 201889	I last saw have elive on May 20, 1931; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 7.30 Pm.
45 5 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Frade, profession, or particular kind of work done, es SPINNER,	Unitedianser
SAWYER, BOOKKEEPER, etc.	Mitral Regurgilation 1923
work was done, es SILK MILL, Croft	J
10. Date deceased last worked at horistine (yeers) this occupation (month end 1921	
12. BIRTHPLACE (city or town) Aarford Co., (State or country)	Other Contributory Causes of importance:
is 13. NAME of amur the Ely	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(Stete or country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME of arah C, Bond	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Olivary In Dete Will 1, 1933	Nature of Injury
19. UNDERTAKER DE BAILEY. (Address)	24. Was disease or injury In any wey releted to occupation of deceased? No.
20. FILE Mara 30, 35 M. M. Kirse	(Signed) To Broad grand M.D.
Registrar.	(Address) Was Carry Love

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	PLACE OF DEATH	OF MARTLAND	CERTIFICATE OF DEATH 03044,
	County	arford	Registration Dist. No. 184
	Village or City Burk	alley	No. St., W death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town wher		ds. How long In U.S. if of foreign birth?yrsmos
2	FULL NAME EUG	alver go	rill
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3,8	imale Il nite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Marcl 5 , 193 5 (Month) (Day) (Yeer
oa.	If married, widowed or divorced MUSBAND of (or) WIFE of adoc	Gorrell	22. HEREBY CERTIFY, That I attended decessed in face \$1.00 1934 to March \$1.193
6. D	DATE OF BIRTH (month, day, and yeer)	an 24 1867	I last saw here alive on march 4 , 19 35; deeth is
7. A	IGE Years Months	Days If LESS then I day,hrs.	to heve occurred on the date stated above, at /m. The PRINCIPAL CAUSE OF DEATH and related causes of importence
2	8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Harris I or min.	were es follows: Date of or
PAI	9. Industry or business in which work was done, as SILK MILL.	PX. Ham	Goody of Werner
000	10. Date deceased last worked at this occupation (month and	11. Total time (years)	<i>f D</i>
12.	BIRTHPLACE (city or town)	ford Co.	Other Contributory Causes of Importance:
HEK	13. NAME SLO,	Garrell	
Y.	14. BIRTHPLACE (city or town) (Stete or country)	aford Co.	Name of operation
2	15. MAIDEN NAME CHARLES	D. Divers.	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town)	word Cr.	Accident, suicide, or homicide?
17.	INFORMANT Sandor	Garrile	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Plece D. Artimator	en Date March 7,1236	Menner of injury
19.	UNDERTAKER (Address)	Bailey	24. Wes disease or Injury in any wey releted to occupation of deceased?
	FILED March 61936	m. M. Rive	(Signed) To San Agraed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		*		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03045
1. PLACE OF DEATH	940
County Jurgard	Registration Dist. No. 183
Village or City & Nocks	No. St. Ward
Length of residence in city or town where deeth occurred 28 yrsmost	If death occurred in a hospital or institution, give its NAME instead of street and number) s. How long in U.S. if of foralgn birth? yrs. mos. ds.
(a) Residence: No. Nockes	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Terrial Terrial, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND OF S Walter Gladden	22. I HEREBY CERTIFY, Thet I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Musele 17 -1876	I last saw h 21 alive on may, 1950; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at
8. Trade, profassion, or particular kind of work done, as SPINNER,	Onfina Pelleris Date of one et
SAWYEN, BUUNKEEPEN, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) this occupation (month end specific this securation this security this s	
11. Total time (yeers) spent in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME / Frank Devoc 14. BIRT MPLACE (city or town) Warfork Ex (Stata or country) md	Neme of operation Date of Date of Whet test confirmed diagnosis? Date of Was there an autopsy the
15. MAIDEN NAME ELIZE Ganeix Wright 16. BIRTHPLACE (city or town) for find (State or country) 17. INFDRMANT SW fladde, (Addrass)	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
18. BURIAL, CREMATION, OB REMOVAL Place Date Date 11, 1935	Manner of injury
19. UNDERTAKER Skurts of our (Addrass) Cartalloville m.d.	24. Was disaase or injury in any way ralated to occupation of deceased?
20. FILED MAN // (1935 Thomas P. Brown Registrar.	(Signad) (Addrass) (Addrass) (Addrass) (Addrass) (Addrass) (Addrass)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	-1-10	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	nas
1. PLACE OF DEATH	93-0	UTU
County Statistand S	Registration Dist. No. /8	2.
Village or City Hallow	NoSt.,	Ward
Length of residence in city of Jown where death occurred	death occurred in a forpital or institution, give its NAME instead of street and number of the last th	
2. FULL NAME LAND Smith	Harlan	
(a) Residence; No. I alls tow M	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	itale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month (Month) (Day)	193.5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Land Harlan	1 HEREBY CERTIFY. That I attended do	
6. DATE OF BIRTH (month, day, and year) Way 13. 1855	2 mich 21 mi	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
79 8- 10- 9 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	note as follows.	Date of onset
O Hade, professing, or particular kind of work done, as SPINNER Yours	Chine procardotis	June //
9-Industry or business in which work was done, as SILK MILL,		
SAN MILL, DANN, SEC.	Gosting -	3/20)
O 10. Date deceased last worked at this occupation (month and year) year)	1. Jalia	35
12. BIRTHPLACE (city or town) Bylto; Co. Ind.	Other Contributory Causes of Importance:	
13. NAME feas. J. Hiddle	, 31:00	
13. NAME (LAS.). fiddle 14. BIRTHPLACE (city or town) A fill (State or country)	Name of operation Date of	
(State or country) Lack ! Compared to the country of the country o	What test confirmed diagnosis? Was there an au	ronev?
15. MAIDEN NAMEROUIS a / Way.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAMEROUSA Ray. 16. BIRTHPLACE (city or town) Jack To Cy Mark. (State or country)	Accident, suicide, or homicide? Date of injury	
(State of Country)	Where did Injury occur? (Specify city or town, county and State))
17. INFORMANT A GOLDON STANDARD	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL Planting Company Company Date Mello 24,1935	Manner of Injury	
19. UNDERTAKED JOSEPH (Address)	24. Was disease or injury In any way related to occupation of deceased? V	
20. FILEMAN 23, 1935 NE Pichardon Registrar.	(Signed) Lugsville (Address) In Q	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICL	AN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03047
1. PLACE OF DEATH	92-0
County Harford	Registration Dist. No. 18
Village Dr City Bel Cin	NoSt Ward
(II	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred	ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME 6dmund J. J.	tassison
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	mad 24 1935
5e. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Face 1.	22. I HEREBY CERTIFY, Thet I ettended deceesed from
Caroune W. Narison	, 1923, to March , 1935
6. DATE OF BIRTH (month, day, end yeer) Dec 27 - 1857	I lest sew have alive on Suarch 15 1935; deeth is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, at
77 2 27 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:
8. Trede, profession, or perticular kind of work done as SPINNER	acute myocar deles Date of onset
kind ol work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	dilatation
Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceesed lest worked at	
this occupation (month end spant in this year) occupation	
12. BIRTHPLACE (city or town) Mastenshura	Other Contributory Causes of Importence:
(State or country)	Chrone Endocated
13. NAME Pentage R. Horrison	Comme auxo caracino
14. BIRTHPLACE (city or town) Celiftm	Name of according
(Stete or country)	Neme of operation Dete of Wes there an europsy? \(\text{West there an europsy?} \(\text{Vest there are europsy?} \)
15. MAIDEN NAME & Sarah 7. Hunter	
	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
Sel 1944	(Specify city or town, county and State)
(Address)	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Menner of injury
Place Rock Spring Date Mar 26, 1935	Nature of injury
Se VII	
19. UNDERTAKER Allen Toolin (Address) Relain Mid	24. Wes disease or Injury In eny wey releted to occupetion of deceesed?
may asher Palada	(Signed) Plothyplans M.D.
20. FILED Registrar.	(Address) Peldler ned
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of onset of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy			
Chronic interstitial nephritis	1921	Run over by street car			
Cerebral hemorrhage	July 5, 1927	Peritonitis days ago			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis 1 year			
	1				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	03045
DEATH		102.51			- 1

1. PLACE OF DEATH		107.21	41
County Harpord		Registration Dist. No. /	0/
Village or City Planys Length of residence in city or town where	(1	No. f death occurred in a hospital or institution, give its NAME instead of stre sds. How long In U.S. if of foralgn birth?yrs.	
2. FULL NAME	lians D. Mark	gs. now long in 0.5.17 of foraign pirtur	gs.
(a) Residence: No. Leve	(Usual place of abode)	St., Ward. If nonresident give city or to	wn and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE Male Cloved 5a. If married, widowed, or divorced	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MANCH (Month) (Day)	, 193 S (Year)
HUSBAND of Seneuth	a Horbs	22. I HEREBY CERTIFY, That I at 2 - 17 - 135 - to 3 -	ttended daceasad from
6. DATE OF BIRTH (month, day, and year)	Pet. 20th 1893	I last saw has alive on 3 - 3 ,1	9.35 ; death is said
7. AGE Years Months	Days If LESS then I day,hrs.	to have occurred on the data stated abova, at Im. Tha PRINCIPAL CAUSE OF DEATH and raleted causas of importent ware as follows:	ce
Treda, profession, or perticular kind of work done, as SPINNER,	2, 41	water es follows.	Date of onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Bulling.	Brouched Palemones	2-/7-36
this occupation (month and year) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town)	11. Total time (yeers) spant in this occupation /3 700	Other Contributory Causes of Importance:	
(State or country)	1. Buts	acute Gastulis	343-35
13. NAME 14. BIRTHPLACE (city or town)	Mariana Ind	Name of operation Da Whet test confirmed diagnosis? Was th	7. 1
15. MAIDEN NAME Marth 16. BIRTHPLACE (city or town) (State or country)	a Stansbury	23. If death was due to axternal causes (VIOL ENCE) fill in also the f	
O 16. BIRTHPLACE (city or town)	my	Accident, suicida, or homicide? Date of injury Where did injury occur? (Specify city or town, county)	
17. INFORMANT Mas. Lenna (Address) Rung	P. Mont	Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	
18. BURIAL, CREMATION, OR REMOVAL Place Place M. 179 - E Comment	9 Date Till 64 , 1975	Manner of injury	
19. UNDERTAKER ALMY Sa (Address)	fix you me	24. Wes disaase or injury In any way ralated to occupation of decease	sed?kV
20. FILED Mich 3, 19 35 C	Muchoe Registrar.	(Signed) (Andress) 552 H. Clark Ha	une de Grace de

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	The state of the s	Example II	1 63
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	\mathbf{BY}	PHYSICIAN
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OCCUPA-1. PLACE OF, DEATH plnods Registration Dist. No. Village occi (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?______yrs._____mos._ statement (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Davs If LESS than to have occurred on the data stated above, at 12:34 A-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trada, profession, or particular ATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. may back pluods Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, atc. SCC 11, Total time (yaars) Oata dacaased last worked at this occupation (month and spant in this that occupation A instructions 12. BIRTHPLACE (city or town) (Stata or country) supplied. terms, FATHER I3. NAME See 14. BIRTHPLACE toits plain (Stata or country) efully What test confirmed diagnosis?_____ Was there an autopsy?____ HER 15. MAIOEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Oate of injury______ 19... 16. BIRTHPLACE (city or town (State or country) pe Whera did injury occur? ___. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOV Manner of Injury CAUSE LION Nature of injury 24. Was diseasa or injury In any way ralated to occupation of deceased? 19. UNOERTAKER (Address) If so, spacify (Signad) Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of enset

FOR BINDING

MARGIN RESERVED

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Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County__ Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DtVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of CERTIFY, That I attended deceased from 6. DATE OF BIRTH (month, day, and year), 7. AGE Years Months If LESS than to have occurred on the date stated above, at 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ormin. Date of onset 8. Trade profession, or particular NO kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributary Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMAN (Address) 18. BURIAL, CREMATION, OR Manner of Injury Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKE (Address If so, specify

(Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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		GEST B SGA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH 03051
1. PLACE OF DEATH	92:0
Village or City Colucteen	No. Registration Dist, No. / / Ward
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. If of foreign birth? U.Z. yrsmosds.
2. FULL NAME Undrew Heller	
(a) Residence: No. Markett Att	St., Ward. If nonresident give oily or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wridthe word)	21. DATE OF DEATH Mac (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (a) HUSBAND of Clara Keller	1 HEREBY CERTIFY. That I attended deceased from 3, 1925, to Myryth 9, 1935
6. DATE OF BIRTH (month, day, and year) Fully 1576 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5/50 G.m.
5-9 - 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
- I GAVII - WEV	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Plece Subers County Date Man 117, 1930	Manner of injury
19. UNDERTAKER Henry Laving Hors (Address) Charles Maked 20. FILED Meh 11, 10 35 Charles Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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it may

so that

CAUSE OF DEATH in plain terms,

V. S. No. 1 N. B. of OCCUPA.

1 PLACE OF	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	05%
1. PLACE OF	D. L.			107-0	a
	Tare	£ 11.1	P. med	Registration Dist. No. / 8	Q
Village or Cit	y	1 stus	(11	N0St.,	number)
Length of reside	ence in city or town where d	leath occurred	6yrsmos	ds. How long in U.S. If of foreign birth?yrsm	08
2. FULL NAM	IE Dam	wel L	u Loc	kard	
(a) Residence	: No. Mean	Torest?	till m	St., Ward.	
		(Usual place		If nonresident give city or town and	State
	L AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	. 193
 If married, widowed HUSBANO of 	l, or divorced			(July)	(169
(or) WIFE of				22. I HEREBY CERTIFY, Thet I ettended	-
S. DATE OF BIRTH (m	onth day and year)	estas-	1858	I last saw by an alive on mare 14 1935	, 193
. AGE Years		Deys	If LESS than	to have occurred on the date stated above, et 3 A m.	; death is
76	5	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Trede, professi	on, or perticular	90	1 01	were as follows:	Dete of
SAWYER, B	rk done, as SPINNER, OOKKEEPER, etc	Laton	V	Broneles- mumoria	man
9. Industry or bu	siness in which lone, as SILK MILL, BANK, etc			secondary to an	
10. Date deceased		11. Totel ti	me (years) It In this pation	acuto Brovelitis	
2. BIRTHPLACE (city (State or countr		etam &	elle	Other Coutributory Causes of Importance:	
1	no 0 9	ged ou	mol		
	2 6. Lou	lance			
I4. BIRTHPLACE (Why sar		Neme of operation Date of	
1	4	B B	00	What test confirmed diagnosis? Was there an a	
	- Cary	6. 000		23. If death wes due to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (C		md	*************	Accident, suicide, or homicide?Oate of injury Where did injury occur?	, 19
7. INFORMANT	mary fe	Enfild	-//	(Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PL	e) ACE.
8. BURIAL, CREMATIO	N, OR REMOVAL	4 JOHN IN		Manner of injury	
Place ROL	In Spring	Oate Ma	N. 17.1935	Neture of injury	
9. UNDERTAKER (Address)	Deaux	Toster mod		24. Wes disease or injury In any way releted to occupation of deceased?	co.
20. FILED May	16,1935 Usq	mia Ch	anleera Registrar.	(Signed) Wellard P. Kuds (Address) 10 11	nd

03052 /8**2**

......mos......ds.

(Year)

Dete of onset

ettended deceased from

1935; death is seid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ii	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

E OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

1. PLACE OF DEATH County Larford,	2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
County ocacióna,	Registration Dist. No. 185
Village or City Marre de Trace	ND. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
& FULL NAME Moul & Magnes.	
D I A F	(-)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Mar 19 193 5
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND OF	22. / I HEREBY CERTIFY, That I attended deceased fr
Frank Maguell.	- Janu , 1937, to Mar 19, 1933
6. DATE OF BIRTH (month, day, and year) New 27 - 18 60.	Wast saw h_ alive on 1200 19, 19 35; death is s
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10130cm.
74 9 1/8 1 day,hrs.	ware as fallows.
8. Trada, profession, or particular kind of work done, as SPINNER,	Ayluro delivosis Date of one
SAWYER, BDOKKEEPER, etc.	
ndustry or business in which work was done, as SILK MILL,	(manal returns.
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	Myradelis
A all	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	
(Stata or country) whyland.	Cardia Failur
13. NAME William Grant.	
14. BIRTHPLACE (city or town) Baltimore,	Name of operation Data of
(Stata or country) Waryland,	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Quil Harme,	23. If death was dua to external causes (VIDLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Balthuare	Accident, suicide, or homicide? Data of injury, 19
(State or country) way faut;	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MMO. The Johnson, (Address) Lane to Sprace, Mid)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Mit Liou Cou Date Mich, 22, 1935	Natura of injury
the state of the s	24. Was diseasa or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Carry de Israele, Marie	If so, specify
m 01 = 5/4 0 (6) = 5	(Signed) treater / Oly
20. FILED MAN. 91, 19.93 CARRILLO L. Solly TO	

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:		
	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH

County__

Village or City.

- 1		ence: No.	(Usual place		St., Ward. If nonresident give	city or town and	d State
	PERSO	NAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE O	F DEATH	
	3. SEX	White		RIED, WIDOWED,) (write the word)	21. DATE OF DEATH (Month)	3 (Day)	., 1936
	5a. If married, wide HUSBAND of (or) WIFE of	Hannal	LA M	Porris	22. I HEREBY CERTIFY.	That I attended	daceasad from
		(month, day, and year)	March 3	1851	I last saw ham alive on ohar		; death is said
	7. AGE Y	ears Months	Days 28	If LESS than I day,hrs.	to have occurred on the data stated above, at		
	kind of	ession, or particular work done, as SPINNER,	1 40	l ormin.	Sartre ulea		Data of onset
	. Industry or work w	R, BOOKKEEPER, etc	Farm	er			-
		upation (month and	0 11. Total tip	me (yaars) It in this 6.3	,		*************
	12. BIRTHPLACE ((State or co	,	ford (md	Other Cantributery Causes of Importance:		-
	13. NAME	Jarret	Mon	ris			
		CE (city or town)	fod C	s md	Name of operation————————————————————————————————————	Date of	. Onx
	15. MAIDEN N	AME Eliza	Wre	ght.	23. If death was due to external causes (VIOLENCE) fill in	Was there an also the following	
		CE (city or town)	fords	Como	Accidant, suicida, or homicide? Data	of injury	, 19
,	17. INFORMANT	W.W. m	mis	>	Where did Injury occur?	n, coucty and Sta or in PUBLIC PL	te) .ACE.
-	18. BURIAL, CREMA	TION OF REMOVAL	m	21 25	Manner of Injury		***********
1	Place	5/11/	Pate	9, 190 0	Nature of Injury		
	19. UNOERTAKER _ (Address)	Huter Del	to The	atech	24. Was disease or Injury In any way related to occupation If so, specify	of deceased?	no
	20. FILED Ma	1.6 ,1935 H.	& me	Math. Registrar.	(Signed) Canaria (1997)	amo	~ M. D.

STATE OF MARYLAND—CERTIFICATE OF DEATH 03054

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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LIHIS	uld be	lay be	ack of
K-THIS	should be	t may be	back of
INK-THIS	E should be	it it may be	on back of
NG INK-THIS	AGE should be	that it may be	ons on back of
DING INK-THIS	. AGE should be	so that it may be	ictions on back of
FADING INK-THIS	ied. AGE should be	ns, so that it may be	structions on back of
DEFAUING INK-THIS	pplied. AGE should be	terms, so that it may be	instructions on back of
A CONFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	See instructions on back of
ITH UNFADING INK-THIS	illy supplied. AGE should be	plain terms, so that it may be	. See instructions on back of
WITH UNFADING INK-THIS	efully supplied. AGE should be	in plain terms, so that it may be	ant. See instructions on back of
Y, WITH UNFADING INK-THIS	carefully supplied. AGE should be	I'H in plain terms, so that it may be	ortant. See instructions on back of
TALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of it	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	EATH in plain terms, so that it may be properly classified. Exact statement of OCCI	important. See instructions on back of certificate.

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STATE OF MARYLAND—CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in a hospital of institution, give its NAME instead of street and number) Length of residence in city or town How long in U.S. if of foreign birth?_ 2. FULL NAME (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) ., 193 5 (Year) 5a. If married, widowed, or divorced HUSBAND of FY. That i attended decesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at // A . m I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Data of onset Trede, profession, or particular NO kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.. industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc ... 10. Dete deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation __ 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME Mene of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis?_ ... Was there an eutopsy?.. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) Date of injury..... (State or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 24. Was disease or foil ry in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Avenue	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	MARYLAND-	CERTIFICATE OF DEATH 03	056
1. PLACE OF DEATH	-		
County Hartord		Registration Dist. No. 182	5
Village or City Kasmia,	NA	No.	Ward
Length of residence In city or town where death of	occurred3yrsmos	f death occurred in a horpital or institution, give its NAME instead of street and nuscess	mber)
2. FULL NAME LOUISE H To			
(a) Residence: No. / Galmia, N		St. Ward.	
	(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
towns to well o	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Widowed,	21. DATE OF DEATH	193.5
5a. If married, widowed, or divorced HUSBAND of		(Morking (Day)	(Yeer)
(or) WIFE of James Poose	The trade of the control of	22. I HEREBY CERTIFY, That I attended de	ceased from
G +	01 1651	101 to Mar. 22nd.	., 19_35
6. DATE OF BIRTH (month, dey, and yeer)		l lest sew h.er. alive on March 22nd	death is said
83	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at	
8 Trade profession or particular	ormin.	were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Na	Myocarditis (Chronic)	1901
Kind of work done es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Due deceased last worked et			
10. Date deceased last worked et this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Bastin	A16-4	Other Coutributory Causes of importance:	
(State or country)	D.V	Myecerdial Fibrasis	1903
II 13. NAME Geo A Heuis	Jer		
13. NAME (Leo A Heuis 14. BIRTHPLACE (city or town). Balto		Name of operation	
(State of country)	4	What test confirmed diagnosis? Was there an eu	
15. MAIDEN NAME Mary Hoo	Per	23. If deeth was due to external causes (VIOLENCE) fill In elso the following:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIDEN NAME Mary Hoo 16. BIRTHPLACE (city or town) Hoopes	JsJand	Accident, suicide, or homicide? Date of Injury	19
X (State or country) Don Chesten		Where did Injury occur?	
17. INFORMANT Geo Poole (Address) Forest Hiss J	(10)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ε.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place St Iq Katious Dat	e. Mar 26 , 1935	Nature of Injury	
19. UNDERTAKER Deagy Foste		24. Was disease or injury in any way related to occupation of deceased?	
(Address) Belan m	d	If so, specify Powerflet Deppings	Say
20. FILED March 25, 1935 Visgin	ia Chambers	(Signed) Purnell F. Sappingto	n . M. D.
, , , , , , , , , , , , , , , , , , , ,	Registrar.	(Address) Bel Air, Maryland	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
PRUDEAU V. g. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
the state of the s			

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03057
1. PLACE OF DEATH	
county Harford	Registration Dist. No. / 8 2
Village or City Hallaton 2 months al	No. alus Thouse Mr. Stelan Ward
Length of residence in city or town where death occurred	death occurred in a hospitel or institution, give its NAME instead of street and number)
2. FULL NAME Stephen resto	1
(a) Residence: No. Havre de Grace	St. 14 forcare
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Male Black or DIVORCED (write the word)	21. DATE OF DEAT,H (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Unknown	1 HEREBY CERTLEY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) aug 2 1860	I last sew h Maive on Jeb 2 6 , 1935 ; death is said
7. AGE Yeers Months Deys If LESS then	to have occurred on the date stated above, at 123 m.
74 6 29 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Falor SAWYER, BOOKKEEPER, etc.	Chronic myo carlosio: lana an
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and control of the companion (month and control of the companion (month and control of the	Chamic vatorio selevatio heart diseased
SAW MILL, BANK, etc	Q _{CC}
this occupation (month and 1931 spent in this long)	,
12. BIRTHPLACE (city or town) Harford C	Other Contributory Causes of Importance:
9-410	
13. NAME Stephen reston	
14. BIRTHPLACE (city or town) Harfard Co	Name of operation
(State of country)	Whet test confirmed diagnosis? Hore was there an aulopsy?
15. MAIDEN NAME Mary Tobacle 16. BIRTHPLACE (city or town) Var for 6.5 (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Varford &	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Afgic Survey, Mid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Date 7, 193	Nature of injury
19, UNDERTAKER 1 Madison Mitchel	24. Was disease or injury in any way related to occupation of deceased?
(Address) Havrede Grace The	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03058
1. PLACE OF DEATH	83.0
County Starford	Registration Dist. No. 184
Village or City of Carborough	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME asenath &	Carborough.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3, SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH AND O
Female White Single	(Month) (Day) , 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Single	Mar 13, 1931, to Mar 14, 1935
6. DATE OF BIRTH (month, day, and year)	I last saw h 12 alive on War 13 , 19 31; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11, 30,4 m.
7/ 8 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
Z 8. Trade, profession, or particular kind of work done as SPINNER	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Marchal Total time (yeers)	Oppoplifie
work was done, es SILK MILL, at Storme	
10. Late deceased last worked at March Total time (yeers) 4, 1	4
year) 2-1-9-3 occupation and	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Harford, Co.	Other Continuory Causes of Importance.
(State or country) Md	
13. NAME Print of Carborough	
14. BIRTHPLACE (city or town) Tarford Se.	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME MAG Carboroug 16. BIRTHPLACE (city or town) Aurior (State or country)	death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CANONAL (Address) Street, M. J. R. D. Carlon	Specify whether injury occurred in IRDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place W Christian Determine 1, 192	Nature of injury
19, UNDERTAKER Bailey (Address) Darlington	24. Was disease or injury in any way related to occupation of deceased?
20, FILED March 15 1938 M. O. King	(Signed) f the way we M. D. (Address) Dereughston
Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEAT jo plnods County Registration Dist. No Village Dr City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where deeth occurred statement PHYSICIAN 2. FULL NAME ORD. (a) Residence: Np. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT RE 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Day) (Year) classified 5a. If merried, widowed, or divorced **HUSBAND** of CERTIFY. That I attended deceesed from (or) WIFE of × certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months Days If LESS then to have occurred on the date stated above, at_ stated 1 deyhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ormin. were es follows: Date of onset &. Trade, profession, or perticular THIS kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.___ jo back may ndustry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceesed last worked at March on 11. Totel time (years) A.C. this occupetion (month and spent in this that yeer) _____ occupation _ __ instructions UNFADING Dther Contributory Causes of Importance t2. BIRTHPLACE (city or town) (State or country supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation. plain (State or country) carefully What test confirmed diagnosis?. ----- Wes there en eutopsy? MOTHER very important. 15. MAIDEN NAME in 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?_____ Dete of Injury____ DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?__ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, OR Manner of injury AUSE LION Nature of Injury_ 24. Was disease or injury in any way related poccupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	03060
SEATH /	-				

1. PLACE OF DEATH	(108)
County Harford	Registration Dist. No.
Village or City Aapidum	No. St., Ward
	death accurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (Archer) Stansbury	
(a) Residence: No Havrede Grace Md. St.	arsi, Poutuso.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH—200
Male Black OR DIVORCED (write the word)	March 1 1935
5e. If marriad, widowed, of diverced HUSBAND of	
(or) WIFE of Jellian Stansbury	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 2, 1900	I last saw how aliva on March \$ 1,1935; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 10 - 1 m.
34 10 5 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of one of
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Lovar menuona 3.3.35
work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked at 11. Total time (years)	
this occupation (month and 3/1/35) spent in this 8 yrs	
12. BIRTHPLACE (city or town) Starford Co	Other Contributory Causes of importance:
(State or country)	
13. NAME James Stansbury	
13. NAME James Stansbury 14. BIRTHPLACE (city or town) Starfort des	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? W
15. MAIDEN NAME 6 legalethe form Son	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME 6 logaleth to m Son 16. BIRTHPLACE (city or town) + Arford Co	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Rg. Olizabeth Jeacco	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place wan creek Cin Date Mas, 10, 1935	Natura of injury
19. UNDERTAKER / Madison Mitchell (Address) Horaco Ind.	24. Was disease or injury In any way ralated to occupation of deceased? Zww
20. FILED Mer 9, 1935 Berther B. Kright	(Signed) Claude to Course M. D.
Registrar.	(Address) 550 St. Clay W. Have le grace red

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
9867	DRE	81	
Other contributory causes of importance:	CANA .	Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year
	THE		

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3. SEX

5a. If

6. DA 7. AGI

occupation

12. B1

FATHER

MOTHER

17. IN

18. BU

19. UP

03061

PLACE OF DEATH	0000.
County Idorlo	Registration Dist. No. 184
Village or City Stud	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city of town where death occurredyrs	mos ds. How long in U. S. if of foreign birth? yrs. mos. ds.
. FULL NAME Sarah Chyolith	preable
(a) Residence: No. (Sual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word of the world of the	
HUSBAND of (or) WIFE of Bosil & mobile	22. I HEREBY CERTIFY. That Lattended deceased from 1930, to house 29, 1931.
DATE OF BIRTH (month, day, and year) 200 / S.5.	I last saw has alive on Preside 2 F , 193 1; death is said
GE Years Months Days If LESS tha	
8/ 4/19 1day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	neuroca deli and
9. Industry or business in which work was done, as SILK MILL,	1.00
SAW MILI, BANK, etc	and letcherte 34 3
this occupation (month and 1928 spent in this year)	Chronic myocarditis Quation : not stated.
, and the same of	Other Contributory Causes of Importance:
BIRTHPLACE (city or town) (State or country)	
13. NAME (Jaha) That	- mun teman
70110-1	
14. BIRTAPCACE (city or town)	Nama of operation Date of What test commitmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was the to external causes (VIOL ENCE) fill In also the following:
7 5	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur?
INFORMANT / E Joseph (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plate mong mc 6 Date Conf / 16	
UNDERTAKER Attorney 1166 (Address)	24. Was disease or injury In any way related to occupation of deceased?
FILED Chill 18, 1935 To f Mchalle Registra	(Signed) Very S. Illinger M. D.
and the second s	strar, 2411 N. Charles Street, Baltimore, Requesting V. S. M.

ż

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	OR FURT	THER STATE	EMENTS BY	PHYSICIAN
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3

A- te	STA
info sta UP.	1. PLACE OF DEATH
m of pould	County
Every item of MANS should	Village or City.
ANS nent	Length of residence in city or to
Evel XIA1	2. FULL NAME Un
RECORD, Every PHYSICIANS Exact statement	(a) Residence: No.
PH PH	PERSONAL AND ST
E.S.	Male Color
INDING RMANEN X A C T I classified	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of
RMA) X A C	(or) WIFE of
	6. DATE OF BIRTH (month, day, and ye
FOR B IS A PE stated E properly certificate	7. AGE Yaars A
Lee B	8. Trada, profassion, or perticular kind of work done, as SPII SAWYER, BOOKKEEPER, at
SERVED INK—THIS should be t it may be on back of	adustry or businass in which work was done, as SILK MI SAW MILL, BANK, atc
MARGIN RESERVEI I UNFADING INK—THI supplied. AGE should b in terms, so that it may b see instructions on back o	10. Date decaased last worked at this occupation (month end year)
I R ING AG o th	12. BIRTHPLACE (city or town)
AD AD s, s, s, s, ruc	(State or country)
MARGI UNFA supplied n terms, ee instru	13. NAME 14. BIRTHPLACE (city or town)
MARGIN RE TH UNFADING Is supplied. AGE lain terms, so that See instructions	(Stata or country)
WIT efully in plk	15. MAIDEN NAME
MARGIN RESTANT, WITH UNFADING I Id be carefully supplied. AGE DEATH in plain terms, so that y important. See instructions or	16. BIRTHPLACE (city or town) (State or country)
RITE PLANKLY, WITH yon should be carefully USE OF DEATH in plai	17. INFORMANT(Address)
On shoul SE OF	18. BURIAL, GREMATION, OR REMOVA
S S S	10 HADEDTAKED A
S TEVE	19, UNDERTAKER (Addrass) 19 and
V. S. No.	20. FILED Marel 29, 19.35

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02062
1. PLACE OF DEATH	(190)
County	Registration Dist. No. 184
Village or City & Darlington	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Unknown Colore	d Man
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH A Ch. 28 193 5 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	(month) (Day) (Tear)
HUSBAND of Or WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h ; daath is said
7. AGE Yaars Months Days If LESS than 1 day	to have occurred on the data stated above, at Z. Pm.
about 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanca were as follows:
8. Trada, profassion, or perticular	Practice of Gare 1/ Date of onset
kind of work done, as SPINNER, Asawyer, BOOKKEEPER, atc.	skull. y
a ladustry or business in which work was done, as SILK MILL,	Cause insuggest.
SAW MILL, BANK, atc O this occupation (month end spent in this occupation (month end spent in this occupation).	hound or side // state road
this occupation (month end spant in this occupation occupation	J
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Gradue fleft leg.
E 13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
(State of County)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was dua to external causes (VIOL ENCE) fill in also tha following:
[16. BIRTHPLACE (city or town)	Where did injury occur? Prote, Harford W. and
∑ (State or country)	Where did injury occur? Prote, Harford W/ 2nd (Specify dry or town, county and State)
17. INFORMANT (Address)	Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, GRENATION, OR REMOVAL A MAN 27 04	Mannar of injury there knows of me.
Place Thama Car Date 11 Wen 1930	Natura of injury thracture of shull Tlift leg.
19. UNDERTAKER Alley Bailey (Addrass) Darling and Alley	24. Was disease or injury in any way ralated to occupation of daceasad?
20. FILED March 29, 1935 M. M. Kirk. Registrar.	(Signed) M.E. Gallion & M.D. (Addrass) Darling ton, md.
If more blanks are needed address State Resistrar	2411 N Charles Street Baltimore Pequetting (1) S No.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	A I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state infor-OCCUPA-1. PLACE OF DEATH jo should County, item Village or City Jo (If death occ PHYSICIANS RECORD. Every statement (a) Residence: No. Sti (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. D OR DIVORCED (write tha word) Bedooder classified. 5a. If married, widowed, or divorced HUSBAND of 22. I last s certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than Years Months Days to hav 1 day, ____hrs. The P or min. were 8. Trada, profession, or particular CCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... of may back 9. Lidustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... On deceasad last worked at 11. Total tima (years) spent in this this occupation (month and that occupation ___ See instructions Other OS 12. BIRTHPLACE (city or town (Stata or country) in plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or town) Nama (State or country) should be carefully What t MOTHER very important. 15. MAIDEN NAME 23. If de OF DEATH 16. BIRTHPLACE (city or town Accida (Stata or country) Whera Specif 17. INFORMANT .. (Address) 18, BURIAL, CREMATION, OR REMOVAL Manne WRITE Nature 24. Was 19. UNDERTAKER V. S. No. 1 (Address) If so, M

STATE OF MARYLAND—CERTIFICATE OF DEATH 02063

000.0	
93-c Registration Dist. No. /8 2	
St., Watered in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?	
Cursus of d. If nonresident give city or town and State	
MEDICAL CERTIFICATE OF DEATH	
ATE OF DEATH March 28 , 1935 (Year)	4-12
1 HEREBY CERTIFY. That i attended deceased from the same of the sa	
RINCIPAL CAUSE OF DEATH and related causes of Importance as follows:	
nyo carditis . Chronic Cuesq Date of one	it
Coatributory Causes of importance:	
of operation Nove Data of	
est confirmed diagnosis? Was there an autopsy?	-0
eath was dua to extarnal causas (VIOLENCE) fill in also the following: Int, suicide, or homicide?	
er of injury	
of Injury	
s disease or injury in any way related to occupation of decaasad?	
Signed) 100 to plan M.	D.
(Address) Bellan md	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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